

LIFE THREATENING BEE STING ALLERGY

	Student's Nam	e	/ School		/ Grade
When a child, with a known bee sting allergy, is stung by a bee:					
 Call for an ambulance to transport child to nearest hospital (8-911 from a school phone). Notify parent. If unable to reach parent, notify emergency contact person. 					
Parent's name and phone number:					
Other number where parent can be reached:					
Ei	Emergency Contact Phone				
	 3. Keep child quiet and apply cold compress to sting site. 4. Give Epinephrine injection if child has breathing difficulty or a medical care facility is not in the immediate area. Brand of Epinephrine				
I understand the above procedure will be followed in the event my child is stung by a bee.					
PLEASE NOTE: The Epinephrine will be the only injection given at school for a bee sting.					
		Parent's Sign	ature	/	Date
		School Admir	nistrator's Signa	ture /	Date

By signing this form, authorization is hereby granted to release this information to appropriate school or bus personnel and classroom teachers as needed.

MHD 3-14